

Navy Data Quality Management Control (DQMC) Program

**DQMCP Conference
May, 2008**

Objectives

- **Understand DQMC Program Components**
- **Comprehend DQMC Commander's Statement parameters and metrics**
- **Recognize Navy Tier Roles and Responsibilities**
- **Identify DQMC process flow and deadlines**

Why the DQMC Program?

- Lack of standard business rules and policies
- Inconsistent coding patterns, weights and algorithms
- Lack of training/education
- Failure to set/enforce performance expectations

DQMC Components

- **Critical MTF Staff: Commanding Officer/ESC, Data Quality Manager, Data Quality Assurance Team**
- **DQMC Review List: Internal tool to identify and correct financial/clinical workload data and processes**
- **Monthly DQMC Commander's Statement: Monthly statement forwarded through the MTF Regional Command to BUMED and TMA.**

DQMC Program Team

- **Meets regularly with DQMC Manager**
- **Acts as Subject Matter Experts**
- **Identifies/resolves internal DQMC issues**
- **Team Membership (minimum):**
 - **MEPRS**
 - **Coding/PAD/Medical Records**
 - **IM (CHCS, AHLTA, ADM experts)**
 - **Physician/Provider Champion**
 - **Executive “link”**
 - **Business analysts**

Review List

Review List Element	Function
Organizational Factors	Leadership commitment and DQMC structure
Data Input	Ensure accurate, complete and timely data
Data Output	Timely and accurate
Security	IA, access breach
System Design and Training	System administrator ID, IT business processes

MTF DQMC Program's Commander's Statement

- **10 Categories, 33 Elements**
- **Submitted monthly to BUMED via the MTF Regional Command and NMSC**
- **Signed by Commanding Officer**
- **Reporting month evaluates data 2 months prior**
 - **Example: February reporting month evaluates December data**

End of Day (EOD)

	Report Element	Compliance Factor
1 (a, b)	End of Day (EOD) Every clinic, every day	Percent of clinics compliant
		Percent of appointments compliant

- **24/7 clinics/ER EOD by 0600 following day**
- **Automated through NMIMC DQ Website**
- **Uses SADR and patient appointment files**
- **May 2008, CHCS Ad Hoc reports provided for MTF data compilation**

Coding Timeliness

	Report Element	Compliance Factor
2 (a-c)	Coding Timeliness	SADR - 3 days
		APV - 15 days
		Inpatient - 30 days

- **SADR = Three BUSINESS days**
- **APV = 15 calendar days**
- **Inpatient = 30 calendar days**

Required Actions

	Report Element	Compliance Factor
3 (a-b)	Financial reconciliation completion	Yes or No
	MEWACS reviewed, explained	Yes or No

- **MEWACS (MEPRS Early Warning and Control System) review:** “Has the MTF DQ or MEPRS Manager reviewed information presented in the **CURRENT version** MEWACS report?”
- **DQMC review month data is not the requirement here**

Timely Data Submission

	Report Element	Compliance Factor
4 (a-d)	Timely data submission	MEPRS, SIDR, WWR, SADR

- **MEPRS** - EOM + 30 days (Navy)
- **SIDR** - EOM + 5 working days
- **WWR** - EOM + 10 (calendar days)
- **SADR** - Daily

Professional Services Encounters

	Report Element	Compliance Factor
5 (a-d)	Inpatient DRG reviewed	# of records reviewed
	Inpatient Prof. Svcs rounds encounters E&M codes	Percent correct
	Inpatient Prof Svcs. Rounds encounters ICD-9	Percent correct
	Inpatient Prof Svcs. Rounds encounters CPT	Percent correct

- Element revised in FY-07
- Requires coding quality checks on IPS (inpatient professional services) encounters
- IPS audit process released April, 2008



Outpatient Records

	Report Element	Compliance Factor
6 (a-f)	Outpatient Records (Minimum 30 records)	(a) Records found (b) E&M codes correct (c) ICD-9 codes correct (d) CPT codes correct (e) DD2569 in record (f) DD2569 verified in CHCS

➤ **Random audit**

Ambulatory Procedure Visits

	Report Element	Compliance Factor
7 (a-f)	Ambulatory Procedure Visits	(a) Records found
		(b) ICD-9 codes correct
		(c) CPT codes correct
		(d) DD2569 in record
		(e) DD2569 verified in CHCS

- **Change for FY-08: Originally 7 (b) reviewed E&M codes linked with APVs. No longer required.**

Workload Comparison

	Report Element	Compliance Factor
8 (a-e)	Workload data comparison	(a) SADR / WWR (b) SIDR / WWR (c) EAS / WWR Visit (d) EAS / WWR Disposition (e) Inpatient Professional Services Rounds SADR encounters/ WWR Dispositions + bed days

- **FY-08 Changes:** 8 (a) identifies count and non-count SADR totals. Percentage is still total SADR divided by WWR.
- **SADR should be greater than or equal to WWR**
- **If EAS not processed, use WAM data to complete metrics in this section**

AHLTA / SADR Encounters

	Report Element	Compliance Factor
9.	# of AHLTA Encounters / # of total SADR Encounters	Percentage

- “B” accounts only
- Excludes APV data
- Excludes BIA (Emergency Room)

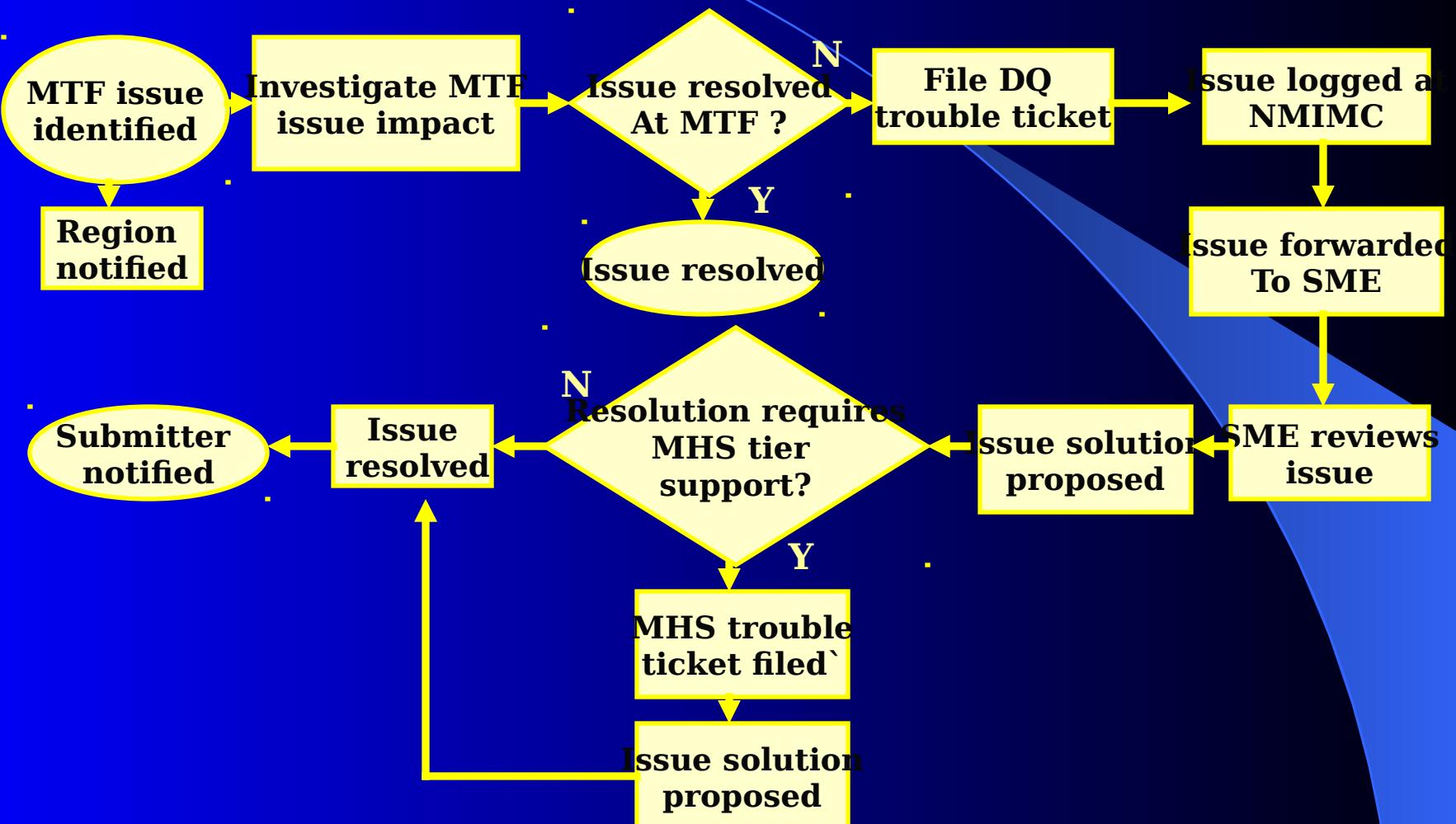
Commanding Officer Signature

- CO signs statement verifying that data is correct and that corrective mechanisms/actions have been incorporated.

Roles/Responsibilities

BUMED	NMSC	Regions	MTF
Provides DQMC Program management, oversight, and execution. Develops policy, strategies and priorities.	Provides DQMC systems execution.	Coordinates and consolidates monthly regional DQMC CO Statement to NMSC.	Establishes DQ team to assess and execute MTF DQMC Program requirements.
Provides Navy MED IG with internal management control reporting requirements for the DQMC Program.	Maintains Navy DQMC Program websites, DMIS ID request website, and Coding Hotline, as directed by BUMED.	Identifies and analyzes MTF execution issues and data reported on the monthly DQMC CO Statement. Coordinates execution issues and resolution at the MTF level.	Assigns DQMC Manager and prepares monthly DQMC Commander's Statement. The DQMC Manager is also responsible for the completion of the DQMC Review List on a monthly basis.
Ensures compliance and submits consolidated monthly DQMC CO Statements to TMA.	Coordinates and consolidates monthly DQMC CO statements from the MTF Regional Commands.	Performs audits, training, site visits of DQMC Program activities, as appropriate.	The DQMC Manager identifies program execution issues and deficiencies. The manager develops an POA&M outlining necessary correction actions.
Principal Voting Member on TMA Work Group (MMSG)	Provides oversight for systems execution by NMSC DQMC	Provides monthly DQMC Program information to TMA	The DQMC Manager briefs the Commandant's Office

Navy DQMC Issue Process



FY-08 Improvement Goals

- **Improve NMIMC website and corresponding data. Identify MTF variances and standardize report formats**
- **Electronic Data Quality Statement (EDQ) upgrade with review/analysis processes**
- **Identify trouble ticket issues. Communicate and expedite resolution**
- **Improve coding quality**
 - **Identify top three issues**
 - **Conduct a program assessment**
 - **Develop POA&M**

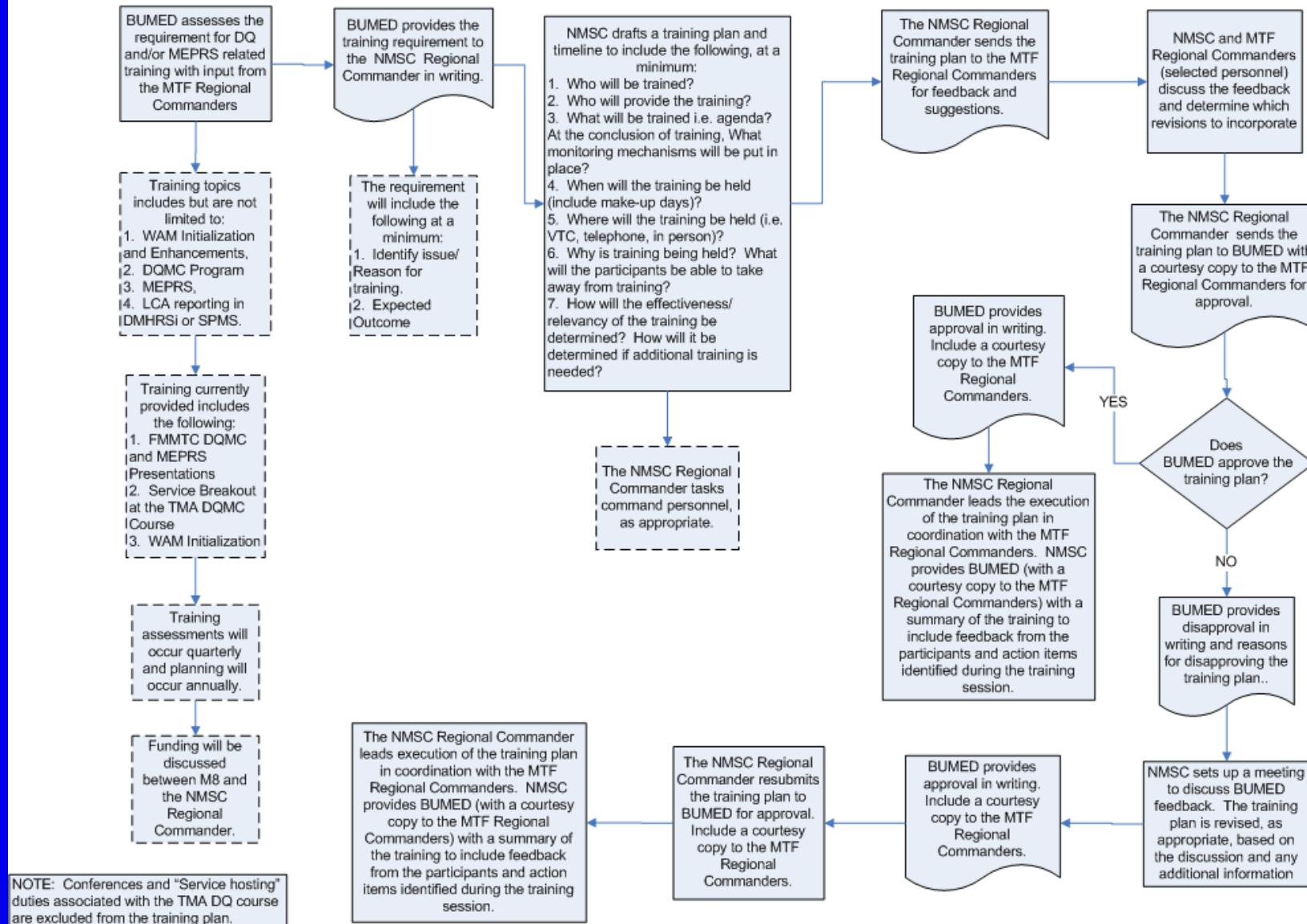
FY-08 Goals: Coding Improvement

- **Improved accuracy of codes assigned for services.**
- **Improvement assignment of codes in DoD reporting systems.**
 - **Inpatient Institutional Services**
 - **Ambulatory Procedure Visits**
 - **Inpatient and outpatient professional services**

Challenges

- **Trouble ticket status and resolution**
- **Training**
 - **DQ Manual updates - underway**
 - **New DQMC Manager training, as approved by BUMED.**
 - The Training Concept of Operations (COO) is provided on the following slide.
- **System/table upgrade coordination**

Concept of Operations for NMSC Training



Points of Contact

Site	POC
BUMED	(202) 762-3357
	(877) 897-0691 x 602
NMSC	(904) 542-7200 X 8253
	(904) 542-7200 x 8229
NMIMC	(301) 319-1159
NME	(757) 953-9570
NNW	(619) 767-6595 (619) 767-6614
NCA	(301) 319-4483